To,

Subject - Withdrawal of your letter/Circular dated _______

Reference - Your letter/circular dated _____ for covid 19 vaccination.

Dear Sir/ Madam,

I/We are in receipt of your letter/Circular in which you are asking for mandatory covid -19 vaccination.

I/We submit herewith that your actions are

A. Contempt of Supreme court of India and various high court of India judgments.

B. Illegal as this is against Govt Of India declared status as covid-19 vaccination is voluntary.

C. Adverse effect after Immunization - Your action will put citizens to risk of lethal and non-lethal disruptions of blood clotting including bleeding disorders, thrombosis in the brain, stroke and heart attack; autoimmune and allergic reactions; antibody-dependent enhancement of disease, Due to this the vaccine Astrazenca sold in india as covishield is banned/age restricted in 11 countries worldwide as young people have died due to blood clots.

In support of the above I/We submit this reply.

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Any coercion of people to take SARS-CoV2 mRNA gene therapies/vaccines, whether directly through government legislation, or indirectly through the government, police, and army directions, such as COVID19 Passports or by forced injection or coerced injection, without full consent, free consent and informed consent, is unlawful, immoral and unethical. Any sanctions for not taking the injection/vaccination,along with any measures of coercion and implementation of forced or coerced injection/vaccinations, must cease immediately.

Under the aforesaid facts and circumstances, I do hereby call upon you to withdraw the above mentioned circular dt………..

Respectfully Yours,

Union of India says vaccine is voluntary

1. I respectfully submit that the Ministry of Health and Family Welfare on its website under the heading "Frequently Asked Questions on Covid-19 Vaccine" has stated that the Covid-19 vaccine is voluntary. The link to the FAQ's Ministry of Health and Family welfare (MOHFW) is asunder: **Annexure 1.**

   https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf

2. Further in a reply to RTI application dated 9th March 2021 filed by Anurag Sinha of Jharkhand, the Central Ministry of Health and Family Welfare has stated very clearly that "taking the Covid Vaccines was entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc to the vaccine". The true copy of the RTI reply dated 09.03.21 is attached as **Annexure 2.**

3. In a reply dated 23rd March 2021 to the RTI filed by Mr. Dinesh Bhausaheb Solanke, RTI number A.60011/06/2020 -CVAC, the Ministry of Health and Family Welfare, stated that, *"the Covid-19 Vaccine being voluntary, there is no provision for compensation as of now."* The true copy of the RTI reply dated 23.03.21 is attached as **Annexure 3.**

4. In a reply to RTI filed by Mr. Tarun, dated 16-04-2021 file number MOHFW/R/E/21/01536, the Ministry of Health and Family Welfare, replied to *the* 1st question, *"Is Covid Vaccine Voluntary or Mandatory?",* thus: *"Vaccination for Covid-19 is Voluntary".* Further when the applicant asked in his subsequent questions, "Can any government or private organization hold our salary or terminate us from job in case of not taking Covid vaccine?" and "Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?" the reply was, "In view of above reply, these queries do not arise". The true copy of the RTI reply dated 16.04.21 is attached as **Annexure 4.**

5. A perusal of the above RTI replies makes it is clear that the Union of India has made the vaccination drive completely voluntary, to coerce someone to take vaccine is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.

Supreme Court's decision in Common Cause v Union of India

(2018) 5 SCC 1

A person has a right to choose medication of his choice

6. I respectfully submit that one has a right to receive treatment of his choice and vaccination cannot be forced upon him. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble Supreme Court on the while discussing an individual's right over his/her own body and the right to decide the medical treatment for themselves held asunder:

> "169. In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.
>
> …
>
> 202.8. An inquiry into Common Law jurisdictions reveals that all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an

alternative treatment, even if such decision entails a risk of death. The "Emergency Principle" or the "Principle of Necessity" has to be given effect

to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.

…

306. In addition to personal autonomy, other facets of human dignity, namely, "self-expression" and "right to determine" also support the argument that **i<u>t is the choice of the patient to receive or not to receive treatment.</u>**

…

517. The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide

whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;

602. Right of self-determination also encompasses in it bodily integrity. Without consent of an adult person, who is in fit state of mind, even a surgeon is not authorised to violate the body. Sanctity of the human life is the most fundamental of the human social values. The acceptance of human rights and development of its meaning in recent times has fully recognised the dignity of the individual human being. All the above three principles enable an adult human being of conscious mind to take decision regarding extent and manner of taking medical treatment. An adult human being of conscious mind is fully entitled to refuse medical treatment or to decide not to take medical treatment and may decide to embrace the death

in natural way. Euthanasia, as noted above, as the meaning of the word suggest is an act which leads to a good death. Some positive act is

necessary to characterise the action as euthanasia. Euthanasia is also commonly called "assisted suicide" due to the above reasons."

KERALA AND DELHI HIGH COURT JUDGEMENTS

In this context, we wish to place on record two judgements in similar situations, in the Hon'ble High Court of Kerala and the Hon'ble High Court of Delhi.

7. In the case of WP(C) 36065 of 2017 between the Parents Teachers Association, Government Higher Secondary School, Kokkur, Kerala and the State of Kerala, the Hon'ble High Court of Kerala had passed the order:

   "**<u>If at all any parent has an objection, it has to be necessarily brought before the authorities, and there need not be any vaccination administered to such children whose parents object to the Vaccination". (Annexure 16)</u>**

8. Also, in the case of W.P.(C) 343/2019 & CM Nos.1604-1605/2019 between Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, & W.P.(C) 350/2019 & CM Nos.1642-1644/2019 between Baby Veda Kalaan & Others Versus Director of Education & Others (Annexure 17)

   the Hon'ble High Court of Delhi had observed that:

   "The assumption that children could be vaccinated forcibly or without consent is unsustainable. This Court is of the view that all efforts are required to be made to obtain the decision of the parents before proceeding with the MR campaign. In this regard, it would be apposite to ensure that the consent forms/slips are sent to each and every student. Since the time period for implementing the campaign is short, the response period should be reduced and parents / guardians of students must be requested to respond immediately and, in any case, in not more than three working days. If the consent forms/slips are not returned by the concerned parent, the class teacher must ensure that the said parents are contacted telephonically and the decision of such parent is taken on phone. The concerned teacher ought to keep full records of such decisions received telephonically. In respect of those parents/guardians that neither return the consent slips nor are available telephonically despite efforts by the concerned teacher, their consent can be presumed provided respondent nos. 1 and 2 ensure that full information regarding the commission is provided to all parents."

   "The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that theycan take an informed decision. The

respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/children."

The Hon'ble High Court of Delhi thus passed the following orders:

"MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary".

01- Further on the issue of informed consent, the Hon'ble High Court had clearly directed that:

> "Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents…The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalised by the Department of Preventive Medicine, All India Institute of Medical Sciences"

9. **The above 3 judgements of Hon. Supreme court of India and Hon High Courts of Kerala and Delhi, clearly states vaccination as voluntary and with informed consent. These landmark judgments and Government of India both are saying that vaccination is voluntary.**

PUBLIC INTEREST LITIGATIONS FILED IN SUPREME COURT

10. Respected Senior Council Adv Prashant Bhushan has filed an PIL on **12th May 2021**, among other demands the main prayer being -

IN THE SUPREME COURT OF INDIA (CIVIL ORIGINAL WRIT JURISDICTION) wRrT PETTTION (CrVrL) NO. _oF 2O2r MATTER OF:

DR. JACOB PULIYEL ....,PETITIONER

VERSUS

UNION OF INDIA & ORS. ....,RESPONDENTS

Prayer no - 5

Declare that vaccine mandates, in any manner whatsoever, even by way of making it a precondition for accessing any benefits or services, is a violation of rights of citizens and unconstitutional;

11. Respected Senior Council Adv Colin Gonsalves has filed an PIL on **16th May 2021**, among other demands the main prayer being -

IN THE SUPREME COURT OF INDIA Civil Original Jurisdiction Writ Petition (Civil) No. __________ of 2021 (PIL under Article 32 of the Constitution of India) In the matter of:

Dr. Ajay Kumar Gupta & Ors. … Petitioners

Versus

Union of & Ors. … Respondent

Prayer No - 4

Voluntary administration of the Vaccine - For an order directing all authorities and private parties to follow the Union of India's decision to make the administration of vaccine purely voluntary.

CIVIL CASE APPLICATION FILES IN GUJARAT HIGH COURT FILED ON 21ST MAY 2021

12. IN THE HIGH COURT OF GUJARAT AT AHMEDABAD

DISTRICT: JAMNAGAR

Special Civil Application No. _____ of 2021

In the matter of:

Yogender Kumar ...Petitioner

Versus

Indian Air Force & Anr. … Respondents

Prayer -

(I)Pass an order directing respondent no. 1 to not force the petitioner to get the vaccine and to further stop issuing show cause notice in this regard;

(II)Pass an order directing the respondent no.1 to follow Union of India's (Respondent No.2) order that the vaccine is purely voluntary and therefore no order be issued making vaccine mandatory in respondent no. 1 establishment.

Vaccine may cause death and serious adverse events

13. We see from the below articles that **Astrazeneca vaccine which is sold in India as Covishield (90 % of vaccines being administered) is banned/Restricted in 11 countries worldwide and main reason is vaccinated people dying with blood clots.** In USA Astrazeneca vaccine is not yet approved by FDA. It has been seen that people lesser than 55 years of age are more susceptible to blood clots by this vaccine. Britain has stopped vaccinating below 40 age group by Astrazeneca.

14. Countries have suspended/restricted the AstraZeneca COVID-19 vaccine - Denmark,Norway,UK,France,Italy,Spain,Sweden,Canada,Ireland,The Netherlands , Portugal.

15. Norway was one of the first country in the world to ban AstraZenecea Covid-19 vaccine. A news paper reported that Three Norwegian health workers under the age of 50 were hospitalized and one was reported dead after the vaccination. The news paper also quoted Norwegian experts, who said deadly blood clots were caused by the AstraZeneca covid vaccine. Norwegian professor and chief physician Pål Andre Holme said

> **"Our theory that this is a powerful immune response most likely triggered by the vaccine, has been confirmed".**

This was reported in a Norwegian news article

https://sciencenorway.no/covid19/norwegian-experts-say-deadly-blood-clots-were-caused-by-the-astrazeneca-covid-vaccine/1830510

16. Denmark - Denmark has ceased giving the Oxford-AstraZeneca Covid vaccine amid concerns about rare cases of blood clots, the first European country to do so fully.

https://www.bbc.com/news/world-europe-56744474

17. United Kingdom- People under the age of 40 are to be offered an alternative to the Oxford-AstraZeneca vaccine in the UK as a precaution, after a review of all the latest evidence by vaccine advisers and safety experts.

https://www.bbc.com/news/health-55302595

18. France recommends AstraZeneca for over-55s only, departing from EU guidance

https://www.reuters.com/article/us-health-coronavirus-france-astrazeneca-idUSKBN2BB172

19. Italy restricts use of AstraZeneca Covid jab to over-60s

https://www.thelocal.it/20210408/italy-restricts-use-of-astrazeneca-covid-jab-on-under-60s/

20. Spain became the latest countries Monday to restrict the use of AstraZeneca's Covid-19 vaccine below 60 years of age over reports of dangerous blood clots in some recipients,

https://english.elpais.com/society/2021-05-13/despite-pressure-from-regions-spains-health-ministry-delays-decision-on-second-astrazeneca-shots.html

21. SWEDEN -Swedes under 65 to be given alternative to AstraZeneca vaccine for second dose
https://www.reuters.com/article/us-health-coronavirus-sweden-vaccine-idUSKBN2C71KB

22. CANADA - Canada's National Advisory Committee on Immunization (NACI) has recommended that the AstraZeneca Covid-19 vaccine not be used for individuals below the age of 55.

https://indianexpress.com/article/explained/explained-why-canada-has-stopped-use-of-astrazeneca-vaccine-for-those-below-55-years-7251250/

23. IRELAND - Ireland will stop using the Oxford/AstraZeneca COVID-19 vaccine on most people under the age of 60 because of the potential danger of rare blood clots

https://www.politico.eu/article/ireland-halting-use-of-az-vaccine-on-under-60s-citing-clot-risk/

24. THE NETHERLANDS - Netherlands halts use of AstraZeneca vaccine for people under 60.

https://www.reuters.com/article/us-health-coronavirus-netherlands-astraz-idUSKBN2BP13Q

25. PORTUGAL - Portugal will from now on recommend the AstraZeneca COVID-19 vaccine only for people aged over 60, the health authority DGS said on Thursday, amid concerns over possible links between the shot and very rare cases of blood clots.

https://www.reuters.com/article/us-health-coronavirus-portugal-astrazene-idUSKBN2BV2RF

26. There have been thousands of cases of deaths and serious adverse events following vaccination by both **COVAXIN and COVISHEILD** reported in the newspapers in India till first week of May 2021. However, the official data shows that there are only 180 deaths following immunization till March 29th 2021. Therefore, there appears to be a significant discrepancy between deaths reported in the newspapers and the official government figure. **The below link has a compiled data 1559 deaths as on 29th May 2021, newspaper reports reporting deaths alone after administration of vaccine. This list is updated regularly.**

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing

27. Alarmed by the rise in deaths and serious adverse events following immunization, Tamilnadu Medical Practitioner's Association wrote a letter dated 27.04.2021 in this regard highlighting the concerns.

The true copy of the letter written by Tamilnadu Medical Practitioner's Association dated 27.04.2021 is at **Annexure 5**

The letter is reproduced asunder:

"Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI committee) comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt

124 cases died and 305 cases hospitalised in India following Covid vaccination were analysed:

	Died (124)	Hospitalised (305)
Within 3 days	93	276
4th to 7th day	18	15
8th to 28th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% death occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent complications.

I feel this may be due to thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or

> cerebrovascular events, especially if there has been some pre-existing disease in those vessels.
>
> Applying this logic, to all those who called me for the advice before vaccination, I started anticoagulant and antiplatelet agent (rivaroxaban 10mg and asprin 75mg) two days before the vaccination and continued it for 8 days after, with no major adverse effects reported in 125 patients.
>
> This may not be strictly randomised, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR and AEFI committee for their comments and future action). Let Tamil Nadu doctors take the lead in this terrible situation."

28. Reporting on the deaths and serious adverse events following immunization, The Wire in an article titled "617 Serious Adverse Events After Vaccination Reported in India until March 29" dated 09.04.21, reported the following:

> "As of March 29, 2021, at least 617 serious adverse events following immunisation (AEFI) had been reported from around the country, according to a presentation made before the National AEFI Committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).
>
> ….
>
> The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after

the start of India's COVID-19 vaccination drive, and after a seemingly to concerns about AstraZeneca's shot, called 'Covishield' in India.

According to the slides presented on March 31, prepared by the Immunisation Technical Support Unit at the health ministry and which *The Wire Science* has seen, the ministry has ascertained the type of AEFI for 492 reports. Of them, 63 people didn't require hospitalisation, 305 people required hospitalisation and 124 people died. A little more than half of those who died did so due to acute coronary syndrome, which refers to any conditions that suddenly and significantly reduce blood flow to the heart, including heart attacks.

However, according to the presentation, complete documents were available for only 35 people. These documents refer to case reporting forms and case investigation forms that the corresponding healthcare workers must file at the district level for each case.

617 Serious Adverse Events After Vaccination Reported In India Until March 29 – The Wire Science

THE VAERS Report

4863(as on 24th May 2021) persons died and 195000 persons had adverse events after vaccination in USA (Dec 2020 to May 2021)

29. The US government has set up The Vaccine Adverse Event Reporting System (VAERS) for reporting of all deaths happening post vaccination. This system reported 4863 deaths and 195000 serious adverse events were reported out of 257 million doses of vaccination in the USA. The link to VAERS is asunder:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

30. Despite such reporting mechanism, the reporting of serious adverse events remains grossly under reported in the USA. In a separate 2011 study titled "Electronic Support for Public Health-Vaccine Adverse Event Reporting System" commissioned by Department of Health and Human Services (U.S.A) and performed by Harvard Consultants, concluded that *"fewer than 1 % of vaccine adverse events are reported".* The link of this report can be found at:

https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

31. It is seen from the above that with 1% adverse effect recording in USA with 257 million doses, 4863 deaths have been reported, and in India Govt has reported only 180 deaths with 190 million doses. This shows that in India AEFIs are grossly not reported/ not recorded by GOI.

Protest in USA against mandatory Vaccination for Students

32. The Association of American Physicians and Surgeons (AAPS) called on U.S. *colleges* and universities to allow students to attend in-person classes without requiring them to be vaccinated for COVID. In an open letter, AAPS listed 15 reasons universities should reconsider vaccine mandates. They claimed it coerces students into bearing unneeded and unknown risk and is at heart contrary to the bedrock medical principle of informed consent. They concluded by pleading the colleges & universities to reverse their decision to mandate experimental COVID-19 vaccines before more students are harmed, and for the vaccines to be made rightfully optional. Their main demand was that both unvaccinated and vaccinated students should be permitted on campus. This can be found here:

https://aapsonline.org/open-letter-from-physicians-to-universities-reverse-covid-vaccine-mandates/

33. Indian Citizens have a right to receive treatment of his choice and vaccination cannot be forced upon him. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble Supreme Court has held that an individual has right over his/her own body and the right to decide the medical treatment for themselves.

A. The Ministry of Health and Family Welfare on its website under the heading "Frequently Asked Questions on Covid-19 Vaccine" has stated that the Covid-19 vaccine is voluntary. This clearly suggest that as per central government vaccine is voluntary and not mandatory for individuals in the country.

B. India has made the vaccination drive completely voluntary and therefore (decision of respondent no. 1 to dismiss the petitioner for refusing to take vaccine) OR (Refusing to sit for exams, refusing entry into colleges and schools) OR (Withholding salary or pension or legitimate dues)is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.

C. Several newspaper reports in the country in past months shows that many deaths and serious adverse events are reported after taking Covid-19 vaccine. Thus, citizen should be allowed to choose right to treatment under right to life under Article 14 of the constitution of India and should not be forced to take the vaccine which can cause adverse reaction.

34. Most, if not all, of the mRNA gene therapies/vaccines are in clinical trials. They are experimental. There is evidence that there has been significant adverse events and death around the world and we fear the long term adverse repercussions may cause significant harms, injuries and loss.

The RT PCR test

35. Explaining how the PCR test works. It takes genetic material from the throat sample that is collected on the swab, runs it through an enzyme called Reverse Transcriptase to convert the RNA from the virus into DNA, & then multiplies the DNA exponentially to find if fragments of the Sars-Cov-2 virus are present in the person or not. **Since complete live viruses are necessary for transmission & not their fragments, the PCR test is not designed to tell us whether someone has an active Sars-Cov-2 infection or not.**
When the genetic material is being amplified, it is being done via cycles, which makes the quantity double after every cycle. For e.g. If 35 cycles of the PCR are run, the first cycle will multiply the material from 1 to 2, the next one will take it from 2 to 4, & so on, until 35 cycles are completed. To put this into perspective, if the PCR starts with a quantity of 2 virus fragments, at the end of 35 cycles it will create 3500 crore fragments!
Karry Mullis, an American Biochemist who got the Nobel Prize for his invention of the PCR technique, said the following about the PCR test: "With PCR, if you do it well, you can find almost anything in anybody. It doesn't tell you that you're sick, & it doesn't tell you that the thing you ended up with really was going to hurt you. I'm sceptical that any PCR test is ever true."

According to data from one of the test kits approved by the ICMR called: "TaqMan 2019-nCoV Control Kit v1" by the company ThermoFisher Scientific, it clearly states: "For Research Use Only. Not for use in diagnostic procedures."

The same can be found on the websites of many of the test kits approved by the ICMR.

According to Public Health England: "RT-PCR detects presence of viral genetic material in a sample, but it is not able to distinguish whether infectious virus is present."

Another expert on the PCR & American Biochemist, David Rasnick PhD, said the following: "**PCR is a great scientific research tool; it's a horrible tool for clinical medicine. It will generate a huge number of false positives.**

Misconception of Asymptomatic transmission

36. The vaccines have been touted as a means to prevent asymptomatic infection, and by extension "asymptomatic transmission." However, "asymptomatic transmission" is an artefact of invalid and unreliable PCR test procedures and interpretations, leading to high false-positive rates. Evidence indicates that PCR-positive, asymptomatic people are healthy false-positives, not carriers. As far as the scientific literature goes, the evidence is clear: truly asymptomatic transmission is very rare.This position is supported by a large study from the city in China where the SARS-CoV-2 outbreak originated. Published in Nature Communications on November 20, the study is titled "Postlockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China".[35] Researchers in Wuhan did a city-wide screening between May 14 and June 1 using reverse transcription polymerase chain reaction (RT-PCR) assays to detect viral RNA fragments in residents. Among eligible residents, which was those aged six years or older, 92.9 percent participated,

which amounted to 9,899,828 people. With this intensive screening program, there were positive test results for 300 individuals who were asymptomatic. Among these, 63 percent also tested positive for antibodies to SARS-CoV-2, offering additional evidence that they had indeed been infected. Nevertheless, contact tracing of 1,174 close contacts of asymptomatic individuals with evidence of infection revealed none who also tested positive. The researchers also tried to culture virus from asymptomatic individuals who tested positive, but the results indicated that there was "no 'viable virus' in positive cases detected in this study". Consequently, despite testing positive for viral RNA, none of these individuals

appeared capable of transmitting the virus to others. As the authors stated, **"there was no evidence of transmission from asymptomatic positive persons to traced close contacts."**

In contrast, the papers cited by the Centre for Disease Control to justify claims of asymptomatic transmission are based on hypothetical models, not empirical studies; they present assumptions and estimates rather than evidence. Preventing asymptomatic infection is not a viable rationale for promoting vaccination of the general population.

IS IT A REAL PANDEMIC

37. Only a small fraction of human population have actually succumbed to severe or fatal consequences from COVID. The majority of human beings that have contracted COVID have been able to fight it off, and subsequently build natural immunity to it, which include producing antibodies as well as priming the acquired immunity to better handle future infections from not only the same but also other similar strains.

As of today 8/5/21, India had 2.76 Cr cases and 3.19 Lakhs deaths , a recovery rate of 98.85%.

https://www.google.com/search?q=covid+deaths+in+india

As of today 8/5/21, World had 16.9 Cr cases and 35.2 Lakhs deaths, a recovery rate of 97.91%.

https://www.google.com/search?q=covid+deaths+in+world&client

TB OR Tuberculosis kills more that 4.5 lakh people in India.

Source - TB Statistics India.pdf

Total deaths for Respiratory infection as per Census.India.Gov.in Table 5 - 2010-2013 - 0.03%, i.e Approx 4.2 lakh deaths per year. (Typical infections of respiratory tract include tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, certain influenza types, and the common cold.)

Around 8.7 lakh people die of infectious diseases every year in India and TB is one of the major disease. The Ro value (which gives the infection rate of any disease) of TB is 14 and for Sars Cov 2 is 2.2, which means that an infected TB person can infect 14 people. So with this conditions prevalent in our country for years TB or any infectious diseases was never called as an Pandemic.

38. AIIMS - All india institute for medical Sciences in their Covid-19 information booklet has given this pasted below-

https://covid.aiims.edu/covid-9-informationbooklet/



39. Why then is there a need to impose such a drastic measure of which we know not the long term repercussions, instead of rather focusing on more efficiently treating the body when it is infected, or improving the Immunity and overall health of the so called 'immune compromised' individuals?

VACCINE MANUFACTURERS ARE EXEMPTED FROM LEGAL LIABILITY

40. COVID-19 vaccine manufacturers have been exempted from legal liability for vaccine-induced harm. It is therefore in the interests of all those authorising, enforcing and administering COVID-19 vaccinations to understand the evidence regarding the risks and benefits of these vaccines, since liability for harm will fall on them.

In short, the available evidence and science indicate that COVID-19 vaccines are unnecessary, ineffective and unsafe.

41. **<u>Necessity:</u>** Immunocompetent individuals are protected against SARS-CoV-2 by cellular immunity. Vaccinating low-risk groups is therefore unnecessary. For immunocompromised individuals who do fall ill with COVID-19 there is a range of medical treatments that have been proven safe and effective. Vaccinating the vulnerable is therefore equally unnecessary. **<u>Both immunocompetent and vulnerable groups are better protected against variants of SARS-CoV-2 by naturally acquired immunity and by medication than by vaccination.</u>**

42. <u>Efficacy</u>: Covid-19 vaccines lack a viable mechanism of action against SARS-CoV-2 infection of the airways. Induction of antibodies cannot prevent infection by an agent such as SARS-CoV-2 that invades through the respiratory tract. Moreover, **<u>none of the vaccine</u>**

trials have provided any evidence that vaccination prevents transmission of the infection by vaccinated individuals; urging vaccination to "protect others" therefore has no basis in fact.

43. **Safety**: The vaccines are dangerous to both healthy individuals and those with pre-existing chronic disease, for reasons such as the following: **risk of lethal and non-lethal disruptions of blood clotting including bleeding disorders, thrombosis in the brain, stroke and heart attack; autoimmune and allergic reactions; antibody-dependent enhancement of disease; and vaccine impurities due to rushed manufacturing and unregulated production standards.**

44. The risk-benefit calculus is therefore clear: the experimental vaccines are needless, ineffective and dangerous. Actors authorizing, coercing or administering experimental COVID-19 vaccination are exposing populations and patients to serious, unnecessary, and unjustified medical risks.

45. **Any coercion of people to take SARS-CoV2 mRNA gene therapies/vaccines, whether directly through government legislation, or indirectly thr government, police, and army directions, such as COVID19 Passports or by forced injection or coerced injection, without full consent, free consent and informed consent, is unlawful, immoral and unethical. Any sanctions for not taking the injection/vaccination, along with any measures of coercion and implementation of forced or coerced injection/vaccinations, must cease immediately.**

Annexure -1

Target Group: General Public

S. No.	Question	Potential response
1.	Is a COVID vaccine scheduled anytime soon	Yes, vaccine trials are under different stages of finalization. Government of India is geared to launch a vaccine for COVID 19 soon. For more information and updates visit www.mohfw.gov.in
2.	Will COVID 19 vaccine be given to everyone simultaneously	Based on the potential availability of vaccines the Government of India has selected the priority groups who will be vaccinated on priority as they are at higher risk. The first group includes healthcare and frontline workers. The second group to receive COVID 19 vaccine will be persons over 50 years of age and persons under 50 years with comorbid conditions
3.	Is it mandatory to take the vaccine?	Vaccination for COVID-19 is voluntary. However, it is advisable to receive the complete schedule of COVID-19 vaccine for protecting one-self against this disease and also to limit the spread of this disease to the close contacts including family members, friends, relatives and co-workers.
4.	Will the vaccine be safe as it is being tested and introduced in a short span of time?	Vaccines will be introduced in the country only after the regulatory bodies clear it based on its safety and efficacy.

Annexure 2

P.i.s

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
सीवीएसी अनुभाग

निर्माण भवन, नई दिल्ली
दिनांक 09 मार्च, 2021

To,

Sh. Anurag Sinha,
Qtr no. 10 po swang bokaro
Jharkhand, gomia, 829128
Jharkhand

विषय: आरटीआई अधिनियम, २००५ के अंतर्गत मांगी गई जानकारी के संबंध में।

महोदय,

कृपया आप अपनी आर.टी.आई. एमओएचएफडबल्यू/आर/ई/21/00630, आर.टी.आई. अधिनियम, 2005 के संदर्भ ले जोकि अधोहस्ताक्षरी को दिनांक 27.02.2021 को प्राप्त हुआ था जिसमें आर.टी.आई.(RTI) अधिनियम, २००५ के तहत जानकारी मांगी गई है

संख्या क्रम	आवेदक के प्रशन	उत्तर
i.	कोरोना वैक्सीन लेना स्वैच्छिक है या अनिवार्य, जबरदस्ती	कोरोना वैक्सीन लेना स्वैच्छिक है।
ii	क्या वैक्सीन नहीं लेने पर सारी सरकारी सुविधाएं बंद कर दी जायगी, सरकारी योजना पैंशन	आवेदन मे लिखी बातें निराधार है। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नही है।
iii	क्या वैक्सीन नहीं लेने पर नौकरी नहीं मिलेगा, ट्रेन, बस, मेट्रो मे चढ़ने नहीं मिलेगी	
iv	यदि कोई ias ips स्वास्थ्य या पुलिस कर्मचारी नागरिक को धमकी दे की वैक्सीन ले नही तो ये कर देगे तो नागरिक क्या कर सकती क्या कोर्ट जा सकते है	
v	क्या वैक्सीन नहीं लेने पर स्कूलों, कॉलेज, विश्वविद्यालय, गैस कनेक्शन, पानी, बिजली कनेक्शन, राशन आदि के लिए क्या वैक्सीन नहीं मिलेगे	
vi	क्या वैक्सीन नही लेने पर नौकरी से निकला जा सकता है वेतन रोका जा सकत है, निजी और सरकारी विभाग दोनों मे।	

o/c

Annexure 3

5/3/2021 IMG-20210403-WA0168.jpg

जारी किया
23 MAR 2021
ISSUED

File No. A.60011/06/2020-CVAC
Government of India
Ministry of Health & Family Welfare
(COVID-19 Vaccine Administration Cell)

साधारण डाक द्वारा
BY ORDINARY POST

Nirman Bhawan, New Delhi-110011
Dated 23 March, 2021

To

Mr. Dinesh Bhausaheb Solunke,
Dr.Dinesh Solunke , N[redacted]wk,
[redacted]

Subject: Information sought under RTI Act 2005 - reg.

Sir,

Please refer to your RTI application Registration No. No. M[redacted], received on 11.03.2021, seeking information under RTI Act, 2005. The information in respect of Covid Vaccine Administration Cell, MoHFW is as under:

संख्या क्रम	आवेदक के प्रश्न	उत्तर
i	How many vaccine reciever till date have developed adverse reactions? Kindly provide details, out of which how many had serious complications? Needing ICU care kindly provide details. How many deaths are reported till date after covid19 vaccination? Kindly provide details. Is there any compensation provided for vaccine injury or adverse reactions, deaths. if yes please provide details of the same.	You may seek this information from the concerned States/UTs. 103 deaths have been reported after Covid-19 vaccination as on 18.03.21 However, it is not clear as yet whether the deaths occurred due to vaccination or for other reasons. As far as compensations is concerned, the covid-19 vaccine being voluntary, there is no provision for compensation, as of now.

2. If you are not satisfied with the above reply, an appeal can be made to Mrs. Sarita Nair, Deputy Secretary(CVAC), R. No. 435-C Wing, (Tel. No. 011-23061554), Ministry of Health & Family Welfare, Nirman Bhawan – 110011 within 30 days of receipt of this reply, who is the appellate authority in this matter.

Yours faithfully,

(Saroop Singh)
Under Secretary to the Govt. of India & CPIO
Phone: 23062959

Copy to:-

1. Section Officer, RTI Cell, MoHFW, Nirman Bhawan w.r.t. RTI Application Registration No. MOHFW/R/T/21/00527, received on 11.03.2021.
2. Guard file.

https://mail.google.com/mail/u/0/#inbox?projector=1 1/1

Annexure 4

Select Language: English

Public Authorities Available

RTI Online

Version 2.0

An Initiative of Department of Personnel & Training, Government of India

Home Submit Request Submit First Appeal View Status View History User Manual FAQ

Online RTI Status Form

Note:Fields marked with * are Mandatory

Enter Registration Number	MOHFW/R/E/21/01536
Name	TARUN
Date of filing	16/04/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	20/04/2021

Reply :- Your query:

1.Is covid vaccine voluntary or mandatory?

2.Can any government or private organization hold our salary or terminate us from job in case of not taking covid vaccine?

3.Is there any compensation provision after any side effects of covid vaccine?

4.Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?

Reply:

1. Vaccination for COVID-19 is voluntary.
2. and 4. In view above reply, these queries do not arise.
3. There is no provision of financial assistance/compensation. However, severe and serious Adverse Events Following Immunization (AEFI) cases are treated free of cost at Government Hospital/facilities.

CPIO Details :-	Satyendra Singh Phone: 011-23062959 singh.satyendra80@gov.in
First Appellate Authority Details :-	Sarita Nair Phone: 011-23061554 sarita.nair@gov.in

Nodal Officer Details :-

Telephone Number	011-23061831
Email Id	rjdot[attn54[at]nic[dot]in

Print RTI Application | Print Status | Go Back

Home | National Portal of India | Complaint & Second Appeal to CIC | FAQ

Annexure 5

Phone : 2641 3344, 2641 3300, 98405 49256
Email : m.govalan@gmail.com
profcmkr@yahoo.co.in

TAMILNADU MEDICAL PRACTITIONERS' ASSOCIATION (Regd)

தமிழ்நாடு மருத்துவர்கள் சங்கம் (பதிவு)

306, Poonamallee High Road, Chennai - 600 010

April 27, 2021

Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI) Committee comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt.

124 cases died and 305 cases Hospitalised in India following Covid vaccination were analysed :

	Died (124)	Hospitalised (305)
Within 3 days	93	276
4th to 7th day	18	15
8th to 28th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% deaths occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent the complications.

I feel this may be due thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for advice before vaccination, I started anticoagulant & antiplatelet agents (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued for 8 days after, with no major adverse effects reported in 125 patients.

This may not be a strictly randomized, controlled study, but we are desparate in preventing post-vaccine deaths and should be ble to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR & AEFI Committee for their comments and further action). Let TN Doctors take the lead in this terrible situation.

Thanking you, sincerely,

C M K REDDY

An organisation to promote, protect and preserve the interests and welfare of private medical practitioners of Tamil Nadu